



NOTICES OF PROPOSED RULEMAKING

This section of the *Arizona Administrative Register* contains Notices of Proposed Rulemakings.

A proposed rulemaking is filed by an agency upon completion and submittal of a Notice of Rulemaking Docket Opening. Often these two documents are filed at the same time and published in the same *Register* issue.

When an agency files a Notice of Proposed Rulemaking under the Administrative Procedure Act (APA), the notice is published in the *Register* within three weeks of filing. See the publication schedule in the back of each issue of the *Register* for more information.

Under the APA, an agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the *Register* before beginning any proceedings for making, amending, or repealing any rule. (A.R.S. §§ 41-1013 and 41-1022)

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the interpretation of the proposed rules should be addressed to the agency the promulgated the rules. Refer to item #4 below to contact the person charged with the rulemaking and item #10 for the close of record and information related to public hearings and oral comments.

NOTICE OF PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) ADMINISTRATION

[R15-48]

PREAMBLE

- | | |
|---|---------------------------------|
| <u>1. Article, Part, or Section Affected (as applicable)</u> | <u>Rulemaking Action</u> |
| R9-22-1301 | Amend |
| R9-22-1303 | Amend |
| R9-22-1304 | Amend |
- 2. Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**
 Authorizing statute: A.R.S. §§ 36-2904 and 36-2903.01
 Implementing statute: A.R.S. § 36-261
- 3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rule:**
 Notice of Rulemaking Docket Opening: 21 A.A.R. 839, June 12, 2015 (*in this issue*).
- 4. The agency’s contact person who can answer questions about the rulemaking:**
 Name: Mariaelena Ugarte
 Address: AHCCCS
 Office of Administrative Legal Services
 701 E. Jefferson, Mail Drop 6200
 Phoenix, AZ 85034
 Telephone: (602) 417-4693
 Fax: (602) 253-9115
 E-mail: AHCCCSRules@azahcccs.gov
 Web site: www.azahcccs.gov
- 5. An agency’s justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:**
 The AHCCCS Administration is proposing to amend the current CRS rules to more precisely delineate those conditions which qualify for CRS medical eligibility as well as those conditions which do not qualify for CRS medical eligibility. It is expected that the rules will specify additional conditions that qualify for CRS medical eligibility due to the complexity of the medical condition and the need for active treatment by multiple medical specialists. Additionally, the proposed rules will clarify those medical conditions that do not qualify for CRS eligibility due to their acute nature. In those situations, members will have choice of available acute Contractors where the primary care physician can refer the member to a specialist to effectively manage the member’s condition whenever necessary.



6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

A study was not referenced or relied upon when revising these regulations.

7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

8. The preliminary summary of the economic, small business, and consumer impact:

The Administration anticipates no economic impact on the implementing agency, small businesses and consumers. The medical condition changes made will continue to be covered under the acute services rather than by CRS. Clarifying the CRS rules will reduce ambiguity and coverage disputes by members and providers, thus reducing the regulatory burden while achieving the objective of implementing a CRS Program for those conditions that benefit from specialized expertise. The public will also benefit from a greater understanding of coverage responsibility of the CRS Program through the CRS Contractor and the coverage requirements provided by non CRS Contractors.

9. The agency’s contact person who can answer questions about the economic, small business and consumer impact statement:

Name: Mariaelena Ugarte
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701 E. Jefferson, Mail Drop 6200
Phoenix, AZ 85034
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Web site: www.azahcccs.gov

10. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:

Proposed rule language will be available on the AHCCCS website www.azahcccs.gov the week of June 15, 2015. Please send written or email comments to the above address by the close of the comment period, 5:00 p.m., July 13, 2015.

Date: July 13, 2015
Time: 10:00 a.m.
Location: AHCCCS
701 E. Jefferson
Phoenix, AZ 85034
Nature: Public Hearing

Date: July 13, 2015
Time: 10:00 a.m.
Location: ALTCS: Arizona Long-Term Care System
1010 N. Finance Center Dr., Suite 201
Tucson, AZ 85710
Nature: Public Hearing

Date: July 13, 2015
Time: 10:00 a.m.
Location: 2717 N. 4th St., Suite 130
Flagstaff, AZ 86004
Nature: Public Hearing

11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

No other matters have been prescribed.

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

Not applicable

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

Not applicable



c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

No analysis was submitted.

12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

None

13. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
ADMINISTRATION (AHCCCS)**

ARTICLE 13. CHILDREN'S REHABILITATIVE SERVICES (CRS)

Section

- R9-22-1301. Children's Rehabilitative Services (CRS) related Definitions
 R9-22-1303. Medical Eligibility
 R9-22-1304. Referral and Disposition of CRS Medical Eligibility Determination

ARTICLE 13. CHILDREN'S REHABILITATIVE SERVICES (CRS)

R9-22-1301. Children's Rehabilitative Services (CRS) related Definitions

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Article have the following meanings unless the context explicitly requires another meaning:

"Active treatment" means there is a current need for treatment ~~or evaluation for continuing treatment~~ of the CRS qualifying condition(s) or it is anticipated that treatment or evaluation for continuing treatment of the CRS qualifying condition(s) will be needed within the next 18 months from the last date of service for treatment of any CRS qualifying condition.

"CRS application" means a submitted form with any additional documentation required by the Administration to determine whether an individual is medically eligible for CRS.

~~"Chronic" means expected to persist over an extended period of time.~~

"CRS condition" means any of the covered medical condition(s) in R9-22-1303.

~~"CRS provider" means a person who is authorized by employment or written agreement with the Administration to provide covered CRS medical services to a member or covered support services to a member or a member's family.~~

"Functionally limiting" means a restriction having a significant effect on an individual's ability to perform an activity of daily living as determined by a CRS provider.

"Medically eligible" means meeting the medical eligibility requirements of R9-22-1303.

"Redetermination" means a decision made by the Administration regarding whether a member continues to meet the requirements in R9-22-1302.

R9-22-1303. Medical Eligibility

The following lists identify those medical condition(s) that do qualify for the CRS program as well as those that do not qualify for the CRS program. The covered condition(s) list is all inclusive. The list of condition(s) not covered by CRS is not an all-inclusive list:

1. Cardiovascular System
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Congenital heart defect other than small VSD, PDA, ASD,
 - ii. Cardiomyopathy,
 - iii. Valvular disorder,
 - iv. Arrhythmia,
 - v. Conduction defect,
 - vi. Rheumatic heart disease,
 - vii. Renal vascular hypertension,
 - viii. Arteriovenous fistula, and
 - ix. ~~Kawasaki disease with coronary~~ Coronary artery aneurysm~~;~~
 - b. Condition(s) not medically eligible for CRS:
 - i. Essential hypertension~~;~~
 - ii. Premature atrial, nodal or ventricular contractions that are of no hemodynamic significance~~;~~



- iii. Arteriovenous fistula that is not expected to cause cardiac failure or threaten loss of function; ~~and~~
 - iv. Benign heart murmur; ~~and~~
 - v. Peripheral pulmonary stenosis.
 - vi. Postural orthopedic tachycardia.
 - vii. Branch artery pulmonary stenosis, and
 - viii. Patent foramen ovale (PFO).
2. Endocrine system:
- a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. ~~Hypothyroidism~~
 - ii. ~~Hyperthyroidism,~~
 - iii. ~~Adrenogenital syndrome,~~
 - iv. ~~Addison's disease,~~
 - v. ~~Hypoparathyroidism,~~
 - vi. ~~Hyperparathyroidism,~~
 - vii. ~~Diabetes insipidus,~~
 - viii. ~~Cystic fibrosis (including atypical cystic fibrosis), and~~
 - ix. ~~Panhypopituitarism; ~~and~~~~
 - b. Condition(s) not medically eligible for CRS:
 - i. Diabetes mellitus,
 - ii. Isolated growth hormone deficiency,
 - iii. Hypopituitarism ~~encountered in the acute treatment of a malignancy associated with a malignancy and requiring treatment of less than 90 days, and~~
 - iv. Precocious puberty; ~~and~~
3. Genitourinary system medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. ~~Vesicoureteral reflux, with at least mild or moderate dilatation and tortuosity of the ureter and mild or moderate dilatation of renal pelvis; at a grade 3 or higher; ~~and~~~~
 - ii. ~~Ectopic ureter; ~~and~~~~
 - iii. ~~Ambiguous genitalia; ~~and~~~~
 - iv. ~~Ureteral stricture; ~~and~~~~
 - v. ~~Complex hypospadias; ~~and~~~~
 - vi. ~~Hydronephrosis, that is not resolved with antibiotics; ~~and~~~~
 - vii. ~~Deformity and dysfunction of the genitourinary system secondary to trauma 90 days or more after the acute phase of the trauma has passed occurred; ~~and~~~~
 - viii. ~~Pyelonephritis when treatment with drugs or biologicals has failed to cure or ameliorate and surgical intervention is required; ~~and~~~~
 - ix. ~~Multicystic dysplastic Dysplastic (includes polycystic and multicystic) kidneys; ~~and~~~~
 - x. ~~Nephritis associated with lupus erythematosus; and; ~~and~~~~
 - xi. ~~Bladder extrophy.~~
 - xii. ~~Hydrocele associated with a ventriculo-peritoneal shunt; ~~and~~~~
 - b. Condition(s) not medically eligible for CRS:
 - i. Nephritis, infectious or noninfectious; ~~and~~
 - ii. Nephrosis; ~~and~~
 - iii. Undescended testicle; ~~and~~
 - iv. Phimosi; ~~and~~
 - v. Hydrocele ~~not associated with a ventriculo-peritoneal shunt; ~~and~~~~
 - vi. Enuresis; ~~and~~
 - vii. Meatal stenosis; ~~and~~
 - viii. Hypospadias ~~involving isolated glandular or coronal aberrant location of the urethral meatus without curvature of the penis; ~~and~~~~
 - ix. Isolated hydronephrosis that is resolved with antibiotics.
4. Ear, nose, or throat medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Cholesteatoma; ~~and~~
 - ii. ~~Chronic mastoiditis~~ Mastoiditis that continues 90 days or more after the first diagnosis of the condition;
 - iii. Deformity and dysfunction of the ear, nose, or throat secondary to trauma, ~~after the acute phase of 90 days or more after the trauma has passed occurred; ~~and~~~~
 - iv. Neurosensory hearing loss; ~~and~~
 - v. ~~Congenital malformation; ~~and~~~~



- ~~vi-v.~~ Significant conductive hearing loss due to an anomaly in one ear or both ears equal to or greater than a pure tone average of 30 decibels, that despite medical treatment, requires a hearing aid;₂
- ~~vii-vi.~~ Congenital/Craniofacial anomaly that requires treatment by more than one CRS provider that is functionally limiting;₂ and
- ~~viii-vii.~~ Microtia that requires multiple surgical interventions;₂
- b. Condition(s) not medically eligible for CRS
 - i. Tonsillitis,
 - ii. Adenoiditis,
 - iii. Hypertrophic lingual frenum,
 - iv. Nasal polyp,
 - v. Cranial or temporal mandibular joint syndrome,
 - vi. Simple deviated nasal septum,
 - vii. Recurrent otitis media,
 - viii. Obstructive apnea,
 - ix. ~~Acute perforation~~ Perforation of the tympanic membrane,
 - x. Sinusitis,
 - xi. Isolated preauricular tag or pit, and
 - xii. Uncontrolled salivation;₂
- 5. Musculoskeletal system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Achondroplasia;₂
 - ii. Hypochondroplasia;₂
 - iii. Diastrophic dysplasia;₂
 - iv. Chondrodysplasia;₂
 - v. Chondroectodermal dysplasia;₂
 - vi. Spondyloepiphyseal dysplasia;₂
 - vii. Metaphyseal and epiphyseal dysplasia;₂
 - viii. Larsen syndrome;₂
 - ix. Fibrous dysplasia;₂
 - x. Osteogenesis imperfecta;₂
 - xi. Rickets;₂
 - xii. Enchondromatosis;₂
 - ~~xiii.~~ Juvenile rheumatoid arthritis;
 - ~~xiv-xiii.~~ Seronegative spondyloarthropathy such as Reiters, psoriatic arthritis, and ankylosing spondylitis;
 - ~~xv.~~ Orthopedic complications of hemophilia;
 - ~~xvi.~~ Myopathy;
 - ~~xvii-xiv.~~ Muscular dystrophy;₂
 - ~~xviii.~~ Myoneural disorder;
 - ~~xix-xv.~~ Arthrogryposis (multiple joint contractures);₂
 - ~~xx-xvi.~~ Spinal muscle atrophy
 - ~~xxi.~~ Polyneuropathy;
 - ~~xxii-xvii.~~ Chronic stage bone Bone infection that continues 90 days or more after the initial diagnosis;
 - ~~xxiii-xviii.~~ Chronic stage joint Joint infection that continues 90 days or more after the initial diagnosis;
 - ~~xxiv-xix.~~ Upper limb Limb amputation and malformation (excluding polydactyly without bone involvement);₂
 - ~~xxv-xx.~~ Syndactyly;₂
 - ~~xxvi-xxi.~~ Kyphosis (Scheurmann's Kyphosis) 50 degrees or over;₂
 - ~~xxvii-xxii.~~ Scoliosis when 25 degrees or greater, or when there is a need for bracing or surgery);₂
 - ~~xxviii-xxiii.~~ Congenital spinal deformity;₂
 - ~~xxix-xxiv.~~ Congenital or developmental cervical spine abnormality;₂
 - ~~xxx-xxv.~~ Hip dysplasia;₂
 - ~~xxxi-xxvi.~~ Slipped capital femoral epiphysis;₂
 - ~~xxxii-xxvii.~~ Femoral anteversion and tibial torsion;₂
 - ~~xxxiii-xxviii.~~ Legg-Calve-Perthes disease;₂
 - ~~xxxiv.~~ Lower limb amputation, including prosthetic sequelae of cancer;
 - ~~xxxv-xxix.~~ Metatarsus adductus;₂
 - ~~xxxvi-xxx.~~ Leg length discrepancy of five two centimeters or more;₂
 - ~~xxxvii.~~ Metatarsus primus varus;
 - ~~xxxviii.~~ Dorsal bunions;



- ~~xxxix-xxxi.~~ Collagen vascular disease, including but not limited to, ankylosis spondylitis, polymyositis, derma- myositis, polyarteritis nodosa, psoriatic arthritis, scleroderma and lupus; but excluding rheumatoid arthri- tis and Ehlers Danlos;
- ~~xxxx.~~ Benign bone tumor;
- ~~xxxxi.~~ Deformity and dysfunction secondary to musculoskeletal trauma;
- ~~xxxxii-xxxii.~~ Osgood Schlatter's disease that requires surgical intervention; and
- ~~xxxxiii.~~ Complicated flat foot, such as rigid foot, unstable subtalar joint, or significant calcaneus deformity; and
- ~~xxxxiv-xxxiii.~~ Club foot Clubfoot.
- b. Condition(s) not medically eligible for CRS
 - i. Ingrown toenail;
 - ii. Back pain with no structural abnormality;
 - iii. Ganglion cyst;
 - iv. Flat foot ~~other than complicated flat foot;~~
 - v. Fracture;
 - vi. Popliteal cyst;
 - vii. ~~Simple bunion~~ Bunion; and
 - viii. Carpal tunnel syndrome;
 - ix. Deformity and dysfunction secondary to trauma or injury; ~~if:~~
- 4. ~~Three months have not passed since the trauma or injury; and~~
 - ~~2-x.~~ Leg length discrepancy of less than five two centimeters at skeletal maturity;
 - ~~xi.~~ Kyphosis under 50 degrees;
 - ~~xii.~~ Trigger finger;
 - ~~xiii.~~ Rheumatoid arthritis; and
 - ~~xiv.~~ Ehlers Danlos
- 6. Gastrointestinal system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Tracheoesophageal fistula;
 - ii. Anorectal atresia;
 - iii. Hirschsprung's disease;
 - iv. Diaphragmatic hernia;
 - ~~v.~~ Gastroesophageal reflux that has failed treatment with drugs or biologicals and requires surgery;
 - ~~vi-v.~~ Deformity and dysfunction of the gastrointestinal system secondary to trauma, ~~after the acute phase of 90 days or more after the trauma has passed~~ occurred;
 - ~~vii-vi.~~ Biliary atresia;
 - ~~viii-vii.~~ Congenital atresia, stenosis, fistula, or rotational abnormalities of the gastrointestinal tract;
 - ~~ix-viii.~~ Cleft lip;
 - ~~x-ix.~~ Cleft palate;
 - ~~xi-x.~~ Omphalocele; and
 - ~~xii-xi.~~ Gastroschisis;
 - b. Condition(s) not medically eligible for CRS
 - i. Malabsorption syndrome, also known as short bowel syndrome,
 - ii. Crohn's disease,
 - iii. Hernia other than a diaphragmatic hernia,
 - iv. Ulcer disease,
 - v. Ulcerative colitis,
 - vi. Intestinal polyp,
 - vii. Pyloric stenosis, and
 - viii. Celiac disease;
- 7. Nervous system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Uncontrolled seizure disorder, in which there have been more than two seizures with documented ade- quate blood levels of one or more medications;
 - ii. Cerebral palsy;
 - iii. Muscular dystrophy or other myopathy;
 - iv. Myoneural disorder, including but not limited to, amyotrophic Lateral Sclerosis or ALS, myasthenia gra- vis, Eaton-Lambert syndrome, muscular dystrophy, troyer sclerosis, polymyositis, dermamoyositis, pro- gressive bulbar palsy, polio;
 - v. Neuropathy/polyneuropathy, hereditary or idiopathic;
 - vi. Central nervous system degenerative disease;



- vii. Central nervous system malformation or structural abnormality;
 - viii. Hydrocephalus;
 - ix. Craniostyostosis ~~of a sagittal suture, a unilateral coronal suture, or multiple sutures in a child less than 18 months of age; requiring surgery.~~
 - x. ~~Myasthenia gravis, congenital or acquired;~~
 - ~~xi-x.~~ Benign intracranial tumor;
 - ~~xii-xi.~~ Benign intraspinal tumor;
 - ~~xiii.~~ Tourette's syndrome;
 - ~~xiv-xii.~~ Residual dysfunction ~~after resolution of an acute phase~~ that continues 90 days or more after a of vascular accident, inflammatory condition, or infection of the central nervous system;
 - ~~xv-xiii.~~ Myelomeningocele, also known as spina bifida;
 - ~~xvi-xiv.~~ Neurofibromatosis;
 - ~~xvii-xv.~~ Deformity and dysfunction secondary to trauma in an individual that continues 90 days or more after the incident;
 - ~~xviii-xvi.~~ Residual dysfunction ~~after acute phase of near drowning; and~~ that continues 90 days or more after near drowning, and
 - ~~xix-xvii.~~ Residual dysfunction ~~after acute phase of~~ that continues 90 days or more after the spinal cord injury;
- b. Condition(s) not medically eligible for CRS
- i. Headaches;
 - ii. Central apnea secondary to prematurity;
 - ~~iii. Near sudden infant death syndrome;~~
 - ~~iv-iii.~~ Febrile seizures;
 - ~~v-iv.~~ Occipital plagiocephaly, ~~either positional or secondary to lambdoidal synostosis~~ Plagiocephaly, and
 - ~~vi.~~ Trigonocephaly secondary to isolated metopic synostosis;
 - ~~vii-v.~~ Spina bifida occulta;
 - ~~viii.~~ Near drowning in the acute phase; and
 - ~~ix.~~ Spinal cord injury in the acute phase;
 - ~~x.~~ Chronic vegetative state;
8. Ophthalmology:
- a. CRS condition(s) that qualify for CRS medical eligibility:
- i. Cataracts;
 - ii. Glaucoma;
 - iii. Disorder of the optic nerve;
 - iv. Non-malignant enucleation and post-enucleation reconstruction;
 - v. Retinopathy of prematurity; and
 - vi. Disorder of the iris, ciliary bodies, retina, lens, or cornea;
- b. Condition(s) not medically eligible for CRS
- i. Simple refraction error,
 - ii. Astigmatism,
 - iii. Strabismus, and
 - iv. Ptosis;
9. Respiratory system medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:
- i. Anomaly of the larynx, trachea, or bronchi that requires surgery; and
 - ii. Nonmalignant obstructive lesion of the larynx, trachea, or bronchi;
- b. Condition(s) not medically eligible for CRS:
- i. Respiratory distress syndrome,
 - ii. Asthma,
 - iii. Allergies,
 - iv. Bronchopulmonary dysplasia,
 - v. Emphysema,
 - vi. Chronic obstructive pulmonary disease, and
 - vii. ~~Acute or chronic respiratory~~ Respiratory condition requiring venting for the neuromuscularly impaired;
10. Integumentary Dermatological system medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:
- ~~i.~~ A craniofacial anomaly that is functionally limiting,
 - ~~ii-i.~~ A burn scar that is functionally limiting,
 - ~~iii-ii.~~ A hemangioma that is functionally limiting that requires laser or surgery.
 - ~~iii.~~ Malocclusion that is functionally limiting.
 - iv. Cystic hygroma, and



- v. Complicated nevi requiring multiple procedures;
- b. Condition(s) not medically eligible for CRS:
 - i. A deformity that is not functionally limiting,
 - ~~ii. A burn other than a burn scar that is functionally limiting;~~
 - ~~iii.ii.~~ Simple nevi,
 - ~~iv.iii.~~ Skin tag,
 - ~~v.iv.~~ Port wine stain,
 - ~~vi.v.~~ Sebaceous cyst,
 - ~~vii.vi.~~ Isolated malocclusion that is not functionally limiting,
 - ~~viii.vii.~~ Pilonidal cyst,
 - ~~ix.viii.~~ Ectodermal dysplasia, and
 - ~~x.ix.~~ A craniofacial anomaly that is not functionally limiting;
- 11. Metabolic CRS condition(s) that qualify for CRS medical eligibility:
 - i. Amino acid or organic acidopathy,
 - ii. Inborn error of metabolism,
 - iii. Storage disease,
 - iv. Phenylketonuria,
 - v. Homocystinuria,
 - vi. Maple syrup urine disease, and
 - vii. Biotinidase deficiency;
- 12. Hemoglobinopathies CRS condition(s) that qualify for CRS medical eligibility:
 - a. Sickle cell anemia, and
 - b. Thalassemia.
- 13. Additional Medical/behavioral condition(s) which are not medically eligible for CRS:
 - a. Allergies;
 - b. Anorexia nervosa or obesity;
 - c. Autism;
 - d. Cancer;
 - e. Depression or other mental illness;
 - f. Developmental delay;
 - g. Dyslexia or other learning disabilities;
 - h. Failure to thrive;
 - i. Hyperactivity;
 - j. Attention deficit disorder; ~~and~~
 - k. Immunodeficiency, such as AIDS and HIV; and
 - l. Vegetative state.

R9-22-1304. Referral and Disposition of CRS Medical Eligibility Determination

- A. To refer an individual for a CRS medical eligibility determination a person shall submit to the Administration the following information:
 - 1. CRS application,
 - 2. ~~Documentation from a provider who evaluated the individual, stating the individual's diagnosis;~~ Documentation from a specialist who diagnosed the individual, stating the individual's diagnosis.
 - 3. Diagnostic test results that support the individual's diagnosis, and
 - 4. Documentation of the individual's need for specialized treatment of the CRS condition through medical, surgical, or therapy modalities.
- B. The Administration shall notify the CRS applicant, member or authorized representative of the outcome of the determination within 60 days of receipt of information required under subsection (A). The member may appeal the determination under Chapter 34.